



December 14, 2011

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 120F
Washington, DC 20201

Dear Secretary Sebelius:

The National Business Group on Health applauds your ongoing efforts to provide millions of children, families, and seniors with access to high-quality health care. This letter follows up our letter of September 9, 2011 by clarifying our request that you include vision benefits provided by ancillary, or stand-alone plans as a buy-in option in the health insurance exchanges, which we still strongly support, from our recommendations on the Patient Protection and Affordable Care Act's (Affordable Care Act) requirement for pediatric vision services under the essential health benefits package in the final exchange rules. Our own recommendations to our members on maternal and child health recommend preventive vision *screening* services for newborns and at all subsequent well child care visits and for children who cannot attend these visits due to time or health constraints, additional vision screening.¹

The National Business Group on Health recently testified before the Institute of Medicine on the essential health benefits package² urging it to focus not only on promoting evidence-based, effective care, but also unwaveringly on the equally important triple financial goals of assuring people affordable coverage, protecting them from catastrophic financial losses when faced with serious illness; and helping them to avoid unnecessary costs. We also plan on submitting comments on the forthcoming regulations as well. Providing stand alone vision benefits represents one way that employers regularly provide employees and their families with access to affordable, evidence-based, effective coverage. Preventive screenings for children will best identify the need for additional vision services and target them to children with early vision problems.

¹ National Business Group on Health. Investing in Maternal and Child Health: An Employer's Toolkit. Plan Benefit Model: Evidence Informed Coverage. 2010. Available at:

http://www.businessgrouphealth.org/healthtopics/maternalchild/investing/docs/2_allpages.pdf

² Darling, Helen. Testimony before the Institute of Medicine. Session 2. RECOMMENDATIONS ON CRITERIA AND METHODS FOR DEFINING AND UPDATING INDIVIDUAL MANDATES AND PACKAGES. Purchaser Perspectives. January 13, 2011. Available at:

<http://www.businessgrouphealth.org/pdfs/Testimony%20of%20Helen%20Darling%20before%20the%20IOM%20on%20the%20Essential%20Health%20Benefits%20Package%20-%202011311.pdf>

The National Business Group on Health represents over 337 companies, including many of America's largest employers (67 of the Fortune 100) who voluntarily provide health benefits and other health programs to over 55 million American employees, retirees, and their families.

Most employers, including small employers who cover vision benefits, have stand-alone vision plans rather than incorporating these benefits into their medical plans. We believe that the Affordable Care Act's requirement that "qualified health plans" must bundle pediatric vision and dental services with medical plans under the essential health benefits package in the exchanges will unintentionally cause significant disruptions in families' stand alone coverage. Many medical plans do not have relationships with vision provider networks and would have to subcontract for these services just for children, which will increase premiums for vision coverage. Medical plans also focus on health benefits rather than vision care, which may lead to less robust benefits than those currently offered under stand alone plans.

Limiting the definition of a "qualified health plan" for the delivery of pediatric vision benefits to major medical plans will also pull apart existing vision benefits between parents and children for the more than 100 million Americans with stand-alone vision coverage. A recent study found that families with stand-alone vision coverage receive regular eye health examinations twice as often as those with vision coverage bundled in major medical plans. Without clarification from the Department of Health and Human Services (HHS), some adults participating in the exchanges may not purchase their own stand alone vision coverage because the Affordable Care Act only requires them to purchase pediatric vision and dental coverage bundled with medical plans. Accordingly, as the law currently stands, it would increase health care costs, reduce the number of adults receiving preventive vision and dental care and limit the benefit plan choices currently available to American families.

Thank you for considering our recommendations. We look forward to continuing to work with you and the Center for Consumer Information and Insurance Oversight (CCIIO) to ensure that the final exchange rules meet the vision care needs of America's families. Please contact me or Steven Wojcik, the National Business Group on Health's Vice President of Public Policy, at (202) 558-3012, if you would like to discuss our comments in more detail.

Sincerely,

A handwritten signature in cursive script that reads "Helen Darling".

Helen Darling
President

cc. Mr. Steve Larsen, CCIIO